

# Deaths of Juveniles in Custody, 2004

By Melissa Sickmund

According to the 2004 Juvenile Residential Facility Census, juvenile facilities holding juvenile offenders reported that 27 youths died while in the legal custody of the facility between Oct. 1, 2003, and Sept. 30, 2004. These deaths occurred in 25 facilities — 23 facilities reported single deaths and two facilities each reported two deaths. One facility had two suicides on the same day.

Routine collection of national data on deaths of juveniles in custody began with the 1989 Children in Custody: Census of Public and Private Juvenile Detention, Correctional and Shelter Facilities (CIC). Facilities reported the number of deaths during the calendar year prior to the February CIC reference date. Facilities reported 24 suicides in 1988. Throughout the years, either accidents or suicides have been the leading cause of juvenile deaths reported by juvenile facilities. From 1988 to 1994, there was an average of 46 deaths reported nationally per year, including an annual average of 18 suicides. From 2000 to 2004, those averages dropped to 28 deaths overall and 11 reported suicides. However, the 16 suicides reported in 2004 was higher than the number of suicides reported to the JRFC in 2000 or 2002.

**Suicide was the most commonly reported cause of death in custody during the 12 months prior to the 2004 census.** In the general popula-

Table 1: Cause of Death for Youths in Custody, 2004

Cause of death	Total	Inside the facility			Outside the facility		
		All	Public	Private	All	Public	Private
Total	27	16	11	5	11	3	8
Suicide	16	15	10	5	1	0	1
Illness/natural	5	1	1	0	4	3	1
Accident	4	0	0	0	4	0	4
Homicide	2	0	0	0	2	0	2

tion, accidents were the leading cause of death for youths ages 13 to 17, followed by homicide and suicide.

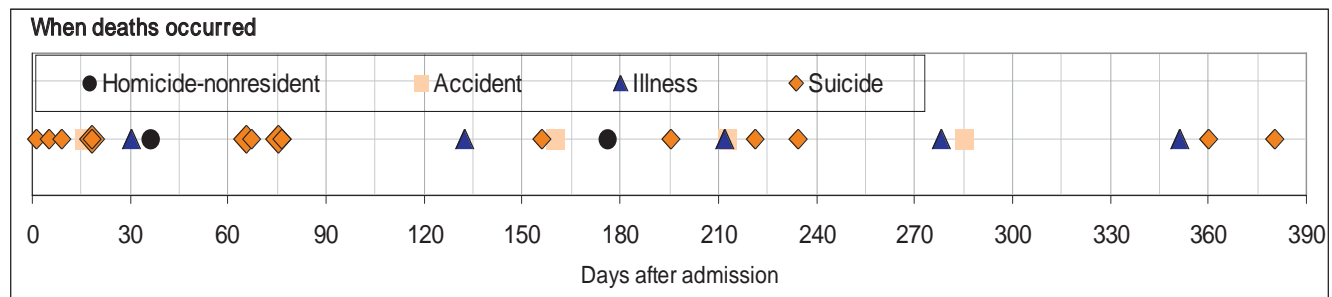
For the custody population, more suicide deaths were reported than deaths from any other cause. Homicide was the least commonly reported cause of death for youths in custody. Although the custody population is thought to be at higher risk of HIV/AIDS than youths in the general population, none of the five deaths from illness was AIDS related (see Table 1).

Analyses show that, in terms of demographics, 26 of the 27 juvenile deaths in custody involved males, and 12 of 27 involved black males. The majority of male deaths (15 of 26) were suicides, as was the lone female death. Suicides accounted for the largest share of deaths for whites, blacks and Hispanics. Black youths were the victims in the two homicides by nonresidents.

**The death rate for juveniles was generally higher for private facilities than for public facilities.** The overall death rate in privately operated facilities (4.4 deaths per 10,000 juveniles held) was more than double the rate in publicly operated facilities (2.1 deaths per 10,000 juveniles held). In fact, private facilities had higher death rates than public facilities for all causes of death except illness/natural causes and for all types of facilities (see Table 3). Group homes had the highest overall death rate (8.1 deaths per 10,000 juveniles held).

**Contrary to conventional wisdom, suicides did not generally occur in the first days of a youth's stay.** Only one of the 16 suicides reported in 2004 occurred within a day of the youth's admission to the facility. At the two-week mark, the majority of suicides had yet to occur (13 of 16). A total of five suicides occurred within a month of admission. Not until 75

Table 2: Time During Sentence When Deaths Occurred, 2004



days after admission were half of the reported suicides accounted for. The median number of days since admission for all deaths of juveniles in custody combined was 156 (see Table 2).

Detention centers accounted for more deaths than other types of facilities (nine of 27). All but one of the deaths reported by detention centers were suicides. Even in detention centers, suicides did not occur disproportionately within the first few days of a youth's stay; just two of eight detention center suicides happened in the first week of stay. This is true, despite the fact that stays in detention tend to be short — just 28 percent of detained juvenile offenders included in the 2003 Census of Juveniles in Residential Placement had been in custody 30 days or longer. Long-term secure facilities (such as training schools) accounted for seven of the 27 deaths, four of which were suicides and none of which happened in the first two months after admission. Other than suicides, the only other cause of death reported by detention centers and long-term secure facilities was illness other than AIDS.

There were five resident deaths reported by group homes. Of these, two were suicides, two were homicides by nonresidents and one was

**Table 3: Deaths Per 10,000 Juveniles Held on the Census Date, Oct. 27, 2004**

<b>Facility operation</b>			
<b>Cause of death</b>	<b>Total</b>	<b>Public</b>	<b>Private</b>
Total	2.8	2.1	4.4
Suicide	1.7	1.5	2.0
Illness/natural	0.5	0.6	0.3
Accident	0.4	0.0	1.4
Homicide by nonresident	0.2	0.0	0.7
<b>Type of facility</b>	<b>Total</b>	<b>Public</b>	<b>Private</b>
Detention center	2.6	2.5	3.7
Long-term secure	2.5	2.4	3.6
Group home	6.0	0.0	8.1
Residential treatment	1.6	0.0	2.7

*Source: Author's analysis of 2004 Juvenile Residential Facility Census*

an accident. Residential treatment centers also reported five resident deaths — two were suicides, two were accidents and one was the result of illness other than AIDS. In addition, a facility choosing to identify itself as a psychiatric medical institution for children reported one accidental death. Only one of the deaths

reported by these types of facilities occurred within the first month after admission.

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